



PATENT
RESPONSE UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2174

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 7, 2005.

Michael L. Sax

Signature

Appl No. : 09/838,695 Confirmation No. 8988
Applicant : Michael Dove
Filed : April 19, 2001
Title : APPARATUS AND METHOD FOR PERSISTENT
DISPLAY INTERFACE

TC/A.U. : 2174
Examiner : Steven Paul Sax

Docket No. : 37618/RJP/B600
Customer No. : 23363

AMENDMENT AFTER FINAL ACTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

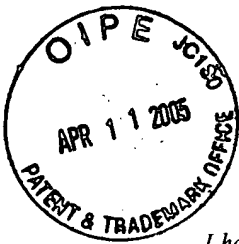
Post Office Box 7068
Pasadena, CA 91109-7068
April 7, 2005

Commissioner:

In response to the Office action of February 7, 2005,
please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims
which begins on page 2 of this paper.

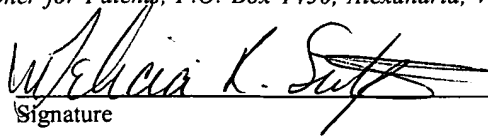
Remarks/Arguments begin on page 15 of this paper.



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER

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Signature

Applicant : Michael Dove
Application No. : 09/838,695
Filed : April 19, 2001
Title : APPARATUS AND METHOD FOR PERSISTENT DISPLAY INTERFACE

Confirmation No. 8988

Grp./Div. : 2174
Examiner : Steven Paul Sax

Docket No. : 37618/RJP/B600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
April 7, 2005

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	43	*43	0	0 x \$25.00	0 x \$50.00	
Independent Claims	8	**8	0	0 x \$100.00	0 x \$200.00	
Multiple Dependent Claims ***				\$180.00	\$360.00	
TOTAL FILING FEE						
NO ADDITIONAL FEE REQUIRED	IF NO FEE REQUIRED, INSERT "0"					
LIST INDEPENDENT CLAIMS: 1, 10, 20, 31, 37, 38, 41, and 42						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME						

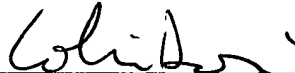
Attached is our check for \$ to pay the fees calculated above.
A Petition for Extension of Time and the required fee are enclosed.
Other enclosures:

Amendment Transmittal Letter
Application No. 09/838,695

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By 
Colin Dorrian
Reg. No. 54,658
626/795-9900

CTD/frs

FRS PAS617031.1-* -04/7/05 10:48 PM